

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SEPT. NO. **097868783**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52		1				
3		12					53		1				
4		10					54		1				
5		10					55		1				
6		10					56		1				
7		10					57		1				
8	1	1					58						
9	1	1					59						
10		1					60						
11		12					61						
12		1					62						
13	1	1					63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18	1	1					68						
19		1					69						
20		1					70						
21	1	1					71						
22		1					72						
23		1					73						
24		2					74						
25	1	1					75						
26		1					76						
27	1	1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39	1	1					89						
40		1					90						
41	1	1					91						
42		1					92						
43		1					93						
44		2					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	6						TOTAL IND.	6					
TOTAL DEP.	29						TOTAL DEP.	51					
TOTAL CLAIMS	35						TOTAL CLAIMS	57					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS